

Notification of Completion of Coursework

The Catholic University of America

Please complete and return to the address below.

TO BE COMPLETED BY THE STUDENT	
Family Name	First Name
Student Identification Number	School
Degree Program	Major
Scheduled Completion Date:	Visa Status: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
Signature of Student:	Date:

TO BE COMPLETED BY THE ACADEMIC ADVISOR	
_____ Spring _____ Fall _____ Year	
This is to certify that the above mentioned student has taken all courses needed to complete his/her degree and is engaged in:	
_____ Dissertation or thesis research. Anticipated completion date ___/___/___	
_____ Orals. Date ___/___/___	
_____ Comprehensive exam preparation. Anticipated date for comps ___/___/___	
_____ Music Private Instruction/recital (s). Anticipated date for final recital ___/___/___	
Name of Academic Advisor (print):	
Signature of Academic Advisor:	Date:

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR	
The above request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason for denial:	
Name of International Student Advisor:	
Signature:	Date:

International Student & Scholar Services
Pryzbyla 201
Washington, DC 20064
Tel. 202. 319.5618 Fax 202.319.5894